PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

100/595708

| | | 01 1170 | | D.1. | | | | | | | 4 | |
|--------------------------|--|---|------------------------------------|-----------------------------------|----------------------|---------------------------------|---------|---------------------|------------------------|----|----------------------------|------------------------|
| | | CLAIMS A | | S FILED - PART I | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | |
| U.S. NATIONAL STAGE FEES | | | (Column 1) | | (Column 2) | |] | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | · | | ł | BASIC FEE | | | BASIC FEE | |
| EXAMINATION FEE | | | | | | | | | 150 | UR | | |
| | | | | | | | | EXAM. FEE | 100 | | EXAM. FEE | |
| SEARCH FEE | | | | | | | | SEARCH FEE | 200 | | SEARCH FEE | _ |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 8 minus 20 = * | | k | | | X \$ 25 = | | OŘ | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | minus 3 = * | | | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPENI | DENT CLAIM PR | ESENT | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If | the difference | in column 1 is | ess than zero, enter "0" in | | | lumn 2 TO1 | | TOTAL | 450 | OR | TOTAL | |
| CLAIMS AS AMENDED - PA | | | | | ii nn 2) | (Column 3) | | SMALL E | NTITY | OR | OTHER I | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUME PREVIO PAID E | BER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAI FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | , | | TOTAL ADDIT. | | OR | TOTAL ADDIT. | |
| | | (Column 1) | | (Colum | an 2) | (Column 3) | | • | | | , ''' ' | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUME PREVIO PAID F | ST SER USLY | PRESENT EXTRA | 2 | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAI FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | ***. | • | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| ** | If the "Highest No | umn 1 is less than th Imber Previously Pa Imber Previously Pal mber Previously Pal | id For" IN THIS id For" IN THIS | SPACE is less SPACE is less | than '2' than '3' | 0', enter "20". , enter "3". | I in th | ne appropriate box | in column | | | |